



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

SOUTH TEXAS RADIOLOGY GROUP

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

MFDR Tracking Number

M4-15-0824-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

November 3, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We contacted Texas Mutual & verified our procedure was authorized. Our claim continues to deny for lack of authorization."

Amount in Dispute: \$181.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed Texas Mutual for a lumbar MRI, code 72158, on the date above. Texas Mutual denied payment absent preauthorization. The requestor argues it had preauthorization under reference number 10133536. (Attachment) However, the preauthorized MRI is 72148 not 72158."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 28, 2013	72158-26	\$181.04	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the procedure for requesting preauthorization.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 197 – Precertification/authorization absent.
- 286 – Denied for lack of preauthorization or preauthorization denial.

Issues

1. Did the requestor obtain preauthorization for the disputed service, CPT code 72158-26?
2. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code 134.203 (b) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." The requestor seeks resolution of CPT code 72158-26 rendered on December 28, 2013.

CPT code 72148 is defined by the AMA CPT Code Book as "Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material."

CPT Code 72158 is defined by the AMA CPT Code Book as "Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar."

2. Per 28 Texas Administrative Code §134.600(f) states in relevant part, "The requestor or injured employee shall request and obtain preauthorization from the insurance carrier prior to providing or receiving health care listed in subsection (p) of this section. Concurrent utilization review shall be requested prior to the conclusion of the specific number of treatments or period of time preauthorized and approval must be obtained prior to extending the health care listed in subsection (q) of this section. The request for preauthorization or concurrent utilization review shall be sent to the insurance carrier by telephone, facsimile, or electronic transmission and, include the... (2) specific health care listed in subsection (p) or (q) of this section; (3) number of specific health care treatments and the specific period of time requested to complete the treatments..."

Review of the preauthorization letter submitted by the insurance carrier dated, November 22, 2013; preauthorized CPT code 72148 and 72131 with a start date of November 22, 2013 and an end date of December 31, 2013.

Review of the CMS-1500 and the EOB's provided by the requestor support that the health care provider billed for CPT code 72158-26 and not the preauthorized CPT codes 72148 and 72131. As a result, reimbursement cannot be recommended for the disputed CPT code 72158-26.

3. Review of the submitted documentation finds that the requestor obtained preauthorization for CPT code 72148 and billed for CPT code 72158. As a result, reimbursement cannot be recommended for the disputed charge.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	April 16, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.